

# Agenda Item Form

Agenda Date: 03/30/04

Districts Affected: N/A

Dept. Head/Contact Information: City Attorney, Liza Elizondo, (915) 541-4550

## Type of Agenda Item:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Resolution                       | <input checked="" type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments        |
| <input type="checkbox"/> Tax Installment Agreements       | <input type="checkbox"/> Tax Refunds                       | <input type="checkbox"/> Donations                 |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer                   | <input type="checkbox"/> Item Placed by Citizen    |
| <input type="checkbox"/> Application for Facility Use     | <input type="checkbox"/> Bldg. Permits/Inspection          | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements            | <input type="checkbox"/> Contract/Lease Agreement          | <input type="checkbox"/> Grant Application         |
| <input type="checkbox"/> Other _____                      |  |  |

## Funding Source:

- ☒ General Fund
- ☐ Grant (duration of funds: \_\_\_\_\_ Months)
- ☐ Other Source: \_\_\_\_\_

## Legal:

- ☒ Legal Review Required      Attorney Assigned (please scroll down): Lupe Cuellar      ☒ Approved      ☐ Denied

Timeline Priority:   ☐ High      ☒ Medium      ☐ Low      # of days: \_\_\_\_\_

## Why is this item necessary:

As per Civil Service Commission action of 2/26/04 to replace temporary positions with permanent positions.

## Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Salary and benefits

## Statutory or Citizen Concerns:

None anticipated

## Departmental Concerns:

None anticipated

2004 MAR 29 PM 3 25  
CITY CLERK DEPARTMENT

DATE: 2/27/04

MAR 17 2004

CITY OF EL PASO  
STAFFING TABLE CHANGE REQUEST

Date sent to City Council: 3/30/04

INITIALS 2004-51

DEPARTMENT NAME: Legal Department	(1) HR DEPARTMENT ID 3	(2) ATTACHED DOCUMENTATION <input type="checkbox"/> Description of Duties <input type="checkbox"/> Organization Chart	Date sent to Personnel: REQUESTED EFFECTIVE DATE: 3/23/04
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A=add

D=delete

(3)

(4)

(5)

(6)

ACTIONS

\*-Position Type

\*R/T/C = Regular, Temporary, Contract

\*L/U = Classified, Unclassified

A/D	# OF POS	Max Head Count	Business Unit	ACCOUNT DESCRIPTION and ACCOUNT CODE Fin. Dept. ID-Fund-Fin. Loc. Proj. or Gmt. (00000000-00000-00000PorG0000)	JOB CODE	JOB CLASS TITLE	PLAN GRADE	R/T/C	L/U
A	2	2	COFEP	03010023-01101-03000	1323	Legal File Clerk	GS 6	R	L
D	2	2	COFEP	03010023-01101-03000 pos #'s 00010225 & 00010226	1314	Clerical Assistant	6	R	L
			COFEP						
			COFEP						
			COFEP						
			COFEP						
			COFEP						
			COFEP						

(7) Purpose: ☐ Streamline ☐ Expanded Program ☐ New Program ☐ New Facility ☒ Other (Explain)

(8) STATEMENT OF NEED / CONSEQUENCES OF NOT APPROVING ACTION(S): As per CSC action of 2/26/04 to replace temporary positions with permanent positions.

## ANTICIPATED IMPACT ON:

(9) DEPARTMENT ORGANIZATION/OPERATIONS	(10) DEPARTMENT BUDGET
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(11) DEPARTMENT HEAD SIGNATURE:	DATE:	BUDGET CHANGE <input type="checkbox"/> Required <input type="checkbox"/> Attached	AMOUNT ADDITIONAL FUNDS
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<input checked="" type="checkbox"/> Requested CC and CG is Appropriate <input type="checkbox"/> Change Class To <input type="checkbox"/> Change Grade To	PERSONNEL DEPARTMENT RECOMMENDATION COMMENTS	PERSONNEL DIRECTOR	DATE
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COMMENTS: K Bertoli 3/10/04 David A. ... 3-16-04	O.M.B RECOMMENDATION / C.A.O. APPROVAL
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RECOMMENDATION <input type="checkbox"/> Position(s) Recommended <input type="checkbox"/> Position(s) Not Recommended	CHIEF FINANCIAL OFFICER	CHIEF ADMINISTRATIVE OFFICER
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APPROVED: [Signature] 3/4/04  
DATE

Correction made 3/10/04 Cam